Fill	in this information to	identify your ca	ase:							
Deb	ebtor 1David R. Wade									
	otor 2 use, if filing)					-				
Uni	ted States Bankrupt	cy Court for the:	NORTHERN DISTRIC	CT OF TEXAS						
-	se number own)			-				d filing nt showing postpetitions of the following dat		
Of	fficial Form	1061					MM / DD/ Y			
	chedule I: `		ome				WIIVI 7 BB, 1		12/15	
supį spoi attad	olying correct info use. If you are sep ch a separate shee t1: Describe	rmation. If you arated and you at to this form. ( Employment	ible. If two married peo are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not includ	spouse i de inforr	s livi natio	ing with you, incluen about your spo	ude information abouse. If more space i	ut your s needed,	
1.	Fill in your employment information.			Debtor 1			Debtor 2	or non-filing spous	е	
	If you have more t attach a separate information about	page with	Employment status ☐ Employed ☐ Not employed				☐ Employed			
	employers.		Occupation							
	Include part-time, self-employed wor		Employer's name							
	Occupation may ir or homemaker, if i		Employer's address							
			How long employed t	here?						
Par	Give Det	ails About Mon	thly Income							
unle	ss you are separate	d.	te you file this form. If y			•		·	0 ,	
-	u or your non-filing s e space, attach a se		ore than one employer, co this form.	ombine the information	n for all e	mplo	yers for that perso	n on the lines below.	If you need	
							For Debtor 1	For Debtor 2 or non-filing spouse		
2.	<b>List monthly gross wages, salary, and commissions</b> (bef deductions). If not paid monthly, calculate what the monthly				2.	\$_	0.00	\$N/A	<u>4</u>	
3.	Estimate and list monthly overtime pay.				3.	+\$_	0.00	+\$ <u>N/A</u>	<u>\</u>	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$_	0.00	\$N/A		

Deb	tor 1	David R. Wade	_		Case nu	ımber ( <i>if k</i>	(nown)	) _				
					For Debtor 1				For Do		2 or pouse	
	Cop	oy line 4 here	4.		\$		0.00	)	\$	g o	N/A	
_	Liet	all payrell deductions										
5.		all payroll deductions:	_				0 00		•		N1/A	
	5a.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a		\$ \$		0.00 0.00	_	\$ \$		N/A N/A	
	5b. 5c.	Voluntary contributions for retirement plans	5b 5c		\$		0.00	_	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00		\$		N/A	
	5e.	Insurance	5e		\$		0.00	_	\$		N/A	
	5f.	Domestic support obligations	5f.		\$		0.00	)	\$		N/A	
	5g.	Union dues	5g	١.	\$		0.00	_	\$		N/A	
	5h.	Other deductions. Specify:	5h	.+	\$		0.00	_ +	· \$		N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	<u> </u>	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	)	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı.	\$		0.00	)	\$		N/A	
	8b.	Interest and dividends	8b	١.	\$		0.00	_	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	<b>it</b> 8c		\$		0.00		\$		N/A	
	8d.	Unemployment compensation	8d	١.	\$		0.00		\$		N/A	
	8e.	Social Security	8e	١.	\$		0.00	<u> </u>	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$		0.00	)	\$		N/A	
	8g.	Pension or retirement income	 8g	١.	\$		0.00	_	\$		N/A	
	8h.	Other monthly income. Specify:	8h	.+	\$		0.00	<u> </u>	· \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$		0.00	)	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		0.00	+[	\$_		N/A	= \$	0.00
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0								0.00			
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies								12.	\$	0.00
13.	Do	you expect an increase or decrease within the year after you file this forr	n?							,	Combined monthly in	come
٥.		No. Yes. Explain:										

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